

This form may be completed online, printed and mailed to the address listed below.

## **PAID DINING ASSISTANT REGISTRY FORM**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF COURSE PROVIDER \_\_\_\_\_

DATE OF COURSE COMPLETION \_\_\_\_\_

DATE OF COMPETENCY EVALUATION \_\_\_\_\_

Please return this form to:

**Paid Dining Assistant Registry  
Credentialing Division  
PO Box 94986  
Lincoln, NE 68509-4986**